



SUBSTANCE ABUSE EVALUATION AND REQUEST FOR HEARING

If you received this letter, you have been without a driver's license for at least one year because you have been convicted of driving with alcohol or drugs in your system. You are now eligible to schedule a hearing to decide if you should be licensed. To request a hearing, you must follow the instructions in this letter.

It is important that you understand that following these instructions will not guarantee that you will get your license back. You must clearly show that you will not operate a vehicle with drugs or alcohol in your body. The attorney or hearing officer who hears your case will make that decision.

Substance Abuse Evaluation

The first step in requesting a hearing is to have a substance abuse counselor complete an evaluation. To do this, you must:

- Schedule an appointment with your substance abuse counselor for an evaluation.
- If you do not have a counselor, call one of the offices listed under "Where to Get a Substance Abuse Evaluation."
- Tell the counselor that you need an evaluation because you are trying to get your driver's license back.
- Bring this letter with you and give it to the counselor.
- The counselor will complete the evaluation form and give it back to you or send it to the Secretary of State.

Hearing Request

The second step in requesting a hearing is to contact the Driver Assessment and Appeals Division. You have 90 days after the substance abuse evaluation form is completed to request a hearing. To request a hearing, you must mail or fax the following forms to the Driver Assessment and Appeal Division:

1. Your completed substance abuse evaluation. Your counselor may also send this for you. Keep a copy of the evaluation for your records.
2. A completed Request for Hearing Form. This is attached.

**Driver Assessment and Appeal Division
Michigan Department of State
P. O. Box 30196
Lansing, Michigan 48909-7696
Fax: 517.335.2190**

Important: A hearing cannot be scheduled until we receive both of these forms.

What You Should Bring to the Hearing

When you come to the hearing, you must show that you have stopped drinking or using drugs. The hearing officer will ask you a number of questions. The hearing officer will also ask for statements about you from 3 to 6 people who have known you for a long time. You can bring these people to the hearing, or they can write letters for you to bring.

NOTE: If you are scheduled for a video hearing, all letters and documents must be mailed or faxed before your hearing is scheduled.

Any letter you bring must be signed and dated by the person who wrote it. The letters must include:

1. The person's address and day time telephone number.
2. What the person's relationship is to you.
3. How long the person has known you.
4. How often the person sees you.
5. Where the person sees you.
6. What the person knows about your past and current use of alcohol and/or drugs.
7. When the person last saw or knew you had been drinking or using drugs.
8. What the person knows about your past or current treatment or attendance at a support group.
9. Any other important information about your recovery.

There are other things you should provide to show that you have stopped drinking or using drugs. These are:

- Sign-in sheets, letters, or other evidence that shows that you are attending a support group. (Example: Alcoholics Anonymous.)
- Evidence that you completed treatment or counseling after your last drinking and driving arrest.
- A Final Ignition Interlock Report if you are currently driving on a restricted license.

The hearing officer may also ask you to come back with additional evidence depending on the facts of your case. This could include a urine test, a medical statement, or other reports.

PLEASE BE AWARE THAT SUBMITTING THIS INFORMATION DOES NOT MEAN YOU WILL AUTOMATICALLY GET YOUR LICENSE BACK. HOWEVER, THE INFORMATION WILL HELP THE ATTORNEY HEARING YOUR CASE DECIDE WHETHER IT IS SAFE TO GIVE YOU A DRIVER'S LICENSE.

Your Rights at the Hearing:

- You have the right to have an attorney represent you, but an attorney is not required.
- You have the right to purchase a transcript of the hearing.
- You have the right to appeal the decision to circuit court. Your appeal to circuit court must be filed within 63 days after you receive the hearing decision.

Michigan Department of State

Request for Hearing

I request a Driver License Appeal hearing.

FULL NAME

(Please print exactly as it appears on your driver license.)_____

Present Address_____

City of Residence_____ **County**_____ **Zip Code**_____ **Birthdate**_____

License Number_____ **Telephone (8 am to 5 pm)**_____

Name of Your Attorney_____ **Bar Number**_____

Address of Your Attorney_____

Attorney's Phone:_____ **Attorney's FAX:** _____

☐ I will need a sign language interpreter.

☐ I will need a foreign language interpreter. I understand that I must provide my own foreign language interpreter and that my foreign language interpreter must be qualified by the state and that I cannot have a family member or friend serve as my foreign language interpreter.

A recorded message regarding the appeal process is available by calling 517.636.0000 or you may visit our Web site at www.michigan.gov/sos.

Mail or fax this form and your substance abuse evaluation (unless it is sent by your counselor) to:

Driver Assessment and Appeal Division
Michigan Department of State
P. O. Box 30196
Lansing, Michigan 48909-7696
Fax: 517.335.2190

**INSTRUCTIONS TO THE PERSON EVALUATING THIS CLIENT
FOR SUBSTANCE ABUSE**

1. This client has or may have his/her driving privilege revoked or suspended for substance abuse convictions. The Department of State needs information to determine this client's current alcohol and/or drug use and prognosis of sobriety/drug-free living in the future to make a licensing determination. Please conduct an evaluation and complete the attached Substance Abuse Evaluation Form.
2. This client is responsible for paying for the evaluation. Please inform the client of his/her charge prior to proceeding.
3. **Have the client complete the identifying information in the top section of the front page, and have the client sign the Authorization and Release section of this form.**
4. Provide/mail the Substance Abuse Evaluation to the client. It is his/her responsibility to ensure that the Department receives the completed form.
5. You may attach additional information if you wish.
6. If you have any questions about this form, you may contact the Driver Assessment and Appeal Division at 517.636.6400.

Where to Get a Substance Abuse Evaluation (Access, Assessment and Referral Services in Michigan)

Access Alliance of Michigan
(SERVES BAY, ARENAC, HURON, TUSCOLA, SHIAWASSEE,
MONTCALM COUNTIES)
P.O. Box 5419
Saginaw, MI 48603
1.800.448.5498

Detroit Department of Health
(SERVES CITY OF DETROIT) **REFERRALS ONLY**
Central Diagnostic & Referral Service
1151 Taylor, Building 1, Detroit 48202
(313) 876.4070

Genesee County Health Department
(SERVES GENESEE COUNTY)
Intake, Assessment and Referral Center, Inc.
1047 Professional Dr., Flint 48532
(810) 235.9555

Kalamazoo County Human Services Department
(SERVES BARRY, BRANCH, KALAMAZOO, ST. JOSEPH,
VAN BUREN COUNTIES)
Community Assessment & Screening Service
629 Pioneer, Kalamazoo 49008
(269) 381.2359 or 1.800.381.2359

Kent County Community Mental Health
(SERVES IONIA, NEWAYGO, KENT COUNTIES)
Assessment Unit Cornerstone Offices **REFERRAL SERVICE ONLY**
833 Lake Drive, S.E., Grand Rapids 49506
(616) 336.3909 or 1.800.749.7720

Lakeshore Coordinating Council
(SERVES ALLEGAN, BERRIEN, CASS, MUSKEGON,
OTTAWA, VAN BUREN COUNTIES)
Shoreline Consultation Services
950 W. Norton, Suite 301, Muskegon 49441
(231) 733.5334 or 1.800.981.2481
-or-
185 E. Main St., Ste. 501, Benton Harbor 49022
(269) 926.8389 or 1.800.926.8389

Macomb County Community Mental Health Services
(SERVES MACOMB COUNTY)
Community Assessment Referral and Education
31900 Utica Rd., Fraser, MI 48026
586.541.2273

Mid-South Substance Abuse Commission
(SERVES CLINTON, EATON, GRATIOT, INGHAM,
SHIAWASSEE COUNTIES) **REFERRAL SERVICE ONLY**
Central Diagnostic & Referral Service Inc.
2875 Northwind Dr., Ste. 237, E. Lansing 48823
(517) 337.7209 or 1.800.342.0349

Northern Michigan Substance Abuse Services, Inc.
(SERVES ALCONA, ALPENA, ANTRIM, BENZIE,
CHARLEVOIX, CHEBOYGAN, CLARE, CRAWFORD, EMMET,
GLADWIN, GRAND TRAVERSE, IOSCO, ISABELLA,
KALKASKA, LAKE, LEELANAU, MANISTEE, MASON,
MECOSTA, MIDLAND, MISSAUKEE, MONTMORENCY,
OCEANA, OGEMAW, OSCEOLA, OSCODA, OTSEGO,
PRESQUE ISLE, ROSCOMMON, WEXFORD COUNTIES)
Central Diagnostic & Referral Service, Inc.
P.O. Box 3010, Gaylord 49734
(989) 732.0864 or 1.800.686.0749

Oakland County Health Division – Office of Substance Abuse
(SERVES OAKLAND COUNTY)
PACE Unit
250 Elizabeth Lake Rd., Ste. 1570, Pontiac 48341
(248) 858.5200 or 1.888.350.0900, Ext. 85200

Pathways Coordinating Agency
(SERVES ALGER, CHIPPEWA, DELTA, LUCE, MACKINAC,
MARQUETTE, MENOMINEE, SCHOOLCRAFT COUNTIES)
Pathways Substance Abuse CDR Access Center
200 W. Spring St., Marquette 49855
(906) 225.7222 or 1.800.305.6564

Saginaw County Health Department
(SERVES BAY, SAGINAW COUNTIES)
Bay Area Substance Abuse Assessment & Referral Agency
1600 N. Michigan Ave., Ste. 503, Saginaw 48602
(989) 758.3781 or 1.888.466.3141

St. Clair County Health Department
(SERVES HURON, LAPEER, SANILAC, ST. CLAIR, COUNTIES)
Thumb Region Central Diagnostic & Referral Services
1142 S. Van Dyke, Bad Axe 48413
1.800.237.0870

Southeast Michigan Community Alliance
(SERVES MONROE & WAYNE COUNTIES EXCLUDING CITY
OF DETROIT)
Downriver Community Conference – Central Diagnostic & Referral
Unit
15100 Northline Rd., Southgate 48195
(734) 283.9444 or 1.800.686.6543

(SERVES LIVINGSTON, WASHTENAW COUNTIES)
1ST Step Referral Service Home of New Vision
2050 Washtenaw Evaluation and Referrals
Ypsilanti 48197 **OR** 2500 Packard, Suite 104
734. 485.6161 Ann Arbor, MI 48104
734.975.1603

Western U.P. Substance Abuse Services Coordinating Agency
(SERVES BARAGA, DICKINSON, GOGEBIC, HOUGHTON,
IRON, KEWEENAW, ONTONAGON COUNTIES)
Coordinating Agency Assessment Services
903 W. Memorial Drive, Houghton 49931
(906) 482.7473 or 1.888.482.4097

-or-
818 Pyle Drive, Kingsford 49802
(906) 779.1999 or 1.888.779.0095
-or-
103 W. U.S. 2, Wakefield 49968 (906) 229.6144

SUBSTANCE ABUSE EVALUATION
(ALCOHOL AND DRUGS)

and
REQUEST FOR HEARING

Client Name:	Driver License Number:	Date of Birth:
Client Mailing Address:	City:	State and Zip Code:
		Telephone No:

Lifetime Conviction History

Ask the client to disclose their complete lifetime history of convictions for operating while intoxicated, impaired driving, drug crimes or any other non-driving convictions involving alcohol or controlled substances.

Offenses and Dates	Bodily Alcohol Content or Drug Type, if known, at the time of offense	Comments

Testing Instruments (Please attach the actual instrument used, including scores and what the scores mean.)

SALCE-ADE		SASSI-3	
ASI		MAST/DAST	
AUI		DRI	
Other (specify instrument & scores):			

Lifetime Treatment History for Alcohol and/or Drug Abuse (Specify dates, program, city and outcome of treatment) [Please review and attach each treatment plan and discharge report]

Detoxification:
Residential/Inpatient:
Intensive Outpatient:
Outpatient (Individual and/or group):
Education:
Driver safety intervention course:

Lifetime Support Group History (Specify all time periods of attendance and frequency)

Time Period	Frequency	Type (AA, Rational Recovery, etc.)	Sponsor Y/N

Please administer and submit a current urinalysis drug screen report, including urine sample integrity variables.

Diagnostic Impression (DSM-IV) (Indicate all applicable alcohol, drug and mental health diagnoses, supporting facts and remission status.)

Client Prognosis (Probability for abstinence or disuse and reasons for this opinion. Please indicate last date of use for alcohol and controlled substances, including illicit drugs, narcotic/addictive prescription medications and NA beer.)

Continuum of Care Recommendations [Including professional treatment, educational courses and community support groups (i.e., AA, Rational Recovery, etc.) – If none, please state reasons.]

Lifetime Relapse History (Lifetime history of periods of abstinence followed by a return to use of alcohol, controlled substances and/or NA beer.)

Analysis & Other Observations/Factors (Please consider client’s current living and work environments, lifestyle, and use of narcotic/addictive prescription medications and indicate whether any of these factors affect the overall prognosis indicated above.)

AUTHORIZATION AND RELEASE

I authorize the Evaluator named below to furnish the information set forth on this form and to discuss the information contained therein with the Michigan Department of State.		
Client's Name (Printed or Typed)	Signature:	Date:

CERTIFICATION OF EVALUATOR

In signing below I certify that all statements contained in this evaluation are true to the best of my knowledge and belief.							
Name (Printed or Typed):		Qualifications/Degrees:		Date:			
Signature:			Telephone Number:				
Program Name:			Program License Number:				
Address:		City:		State:		Zip Code:	